

I. HOSPITAL RESTRUCTURING:

Appendix I

Reduce County DHS inpatient census at its four general acute care hospitals toward 1,583 by year 2000 (assuming privatization of Rancho Los Amigos and High Desert hospitals) and reduce costs of operation, while providing appropriate services as a safety net provider.

1. Re-engineering		As of December 1998
Objective	Target Completion Date	Status
<p>Conduct Re-engineering at acute care hospitals in two phases:</p> <p>Phase I: Benchmarking</p> <p>Phase II: Implementation</p>	<p>June 30, 1997</p> <p>June 30, 2000</p>	<p>A target of \$247.3 million was established; benchmarks later determined to be inappropriate. New realistic targets established by CAO/A-C at \$82.4 million by FY 2000/01.</p> <p>\$5.0 million savings achieved in FY 1997/998; FY 1998/99 savings estimated at \$40.7 million; \$82.4 million expected for FY 1999/00. Implementation Committee established to oversee implementation and ensure achievement of savings.</p> <p>Clinical Resource Management deemed to be beneficial to patient care, but may result in more revenue loss than savings.</p>
<p>Continue to provide trauma and emergency services while reducing the inappropriate use of these services, identifying hidden costs associated with each component of EMS, and determining</p>	<p>July 30, 1998</p>	<p>County hospitals (LAC+USC, Harbor/UCLA, and King/Drew Medical Centers) remain major providers of trauma care in the Countywide trauma system, providing 45.9% of trauma services in FY 1997-98.</p> <p>ER visits continuing downward trends; CY 1997 visits decreased 12.7% from 1994 levels. Non-urgent visits show an even greater decline, down 25.4% from 1994 levels.</p> <p>Establishing programs to connect ER patients to primary care providers when</p>

1. Re-engineering		As of December 1998
Objective	Target Completion Date	Status
where cost savings can be achieved.		appropriate. Establishing Urgent Care at hospitals and comprehensive health centers without urgent care.

2. Service Reconfiguration		As of December 1998
Objective	Target Completion Date	Status
Consolidate services among DHS hospitals, as appropriate (e.g., Lab, Pharmacy, Radiology).	January 1, 1998	MLK/Drew identified as tentative core lab site for anatomical pathology, microbiology/serology; and chemistry/hematology. Ancillary services (lab, pharmacy, and radiology) for Northeast Cluster CHCs consolidated under LAC+USC Medical Center.
Expand access to primary care at the Health Centers and CHCs based on the available resources identified during the hospitals' Re-engineering process that can be shifted to the HCs and CHCs.	June 30, 1999	An additional \$30.5 million was allocated to expand ambulatory care in FY 1997/98. In FY 1998/99, \$8.0 million in disproportionate share hospital ("DSH") administrative fee settlement was directed to ambulatory care, and the first time, community-based planning process used to determine allocation of funds. New sources of funds for ambulatory care expansion constrained by ongoing budget deficits. Funding ambulatory care services via reductions in inpatient budget is not an efficient funding mechanism (see discussion in body of extension request).
Ensure each County DHS hospital is identifying, case	July 1, 1997	Various strategies are being utilized. For example:

2. Service Reconfiguration		As of December 1998
Objective	Target Completion Date	Status
managing, and monitoring access to services for frequent users during and after hospitalization.		<ul style="list-style-type: none"> - Case management is part of the Department's service delivery for its Community Health Plan patients. - Case management protocols have been initiated for designated ambulatory care sensitive conditions in the Public/Private Partnership Program sites. - Harbor/UCLA identifies unplanned readmissions occurring within 30 days of discharge to determine if prior hospital care was adequate or discharge was premature. - Disease management programs are being implemented for pediatric asthmatic and adult diabetic patients (by July 1999). - The rate of Medi-Cal TAR (Treatment Authorization Requests) denials are being monitored. - Programs to track high utilizers of emergency rooms, and connecting them to community-based primary care providers are being developed. A pilot program at ValleyCare proved very successful. Resumption of pilot at ValleyCare and replication of such programs will require additional funding.
Establish/enhance referral centers covering each region of the County to facilitate the coordination and provision of integrated services and continuity of	June 30, 1997	<p>Establishment of referral centers began in FY 1995/96. By FY 1996/97, referral centers were established at all acute care hospitals. By the end of FY 1997/98, referrals have increased sixfold (from 7,700 to 49,000).</p> <p>DHS are implementing procedures to improve communications and return of specialty consultation information to the primary care provider.</p>

2. Service Reconfiguration		As of December 1998
Objective	Target Completion Date	Status
care.		Standard referral form and procedures being considered for all five referral centers.
Continue efforts to privatize Rancho Los Amigos and maintain referrals of indigent patients to that facility.	June 30, 1997	RLAMC remains under County operation. Determination made that the proposed seven year public/private partnership would not yield sufficient benefits to offset the financial risks involved, due in part to the \$20.0 million in savings already achieved by the County in the successful re-engineering project begun in FY 1995/96 at RLAMC.

3. Medical School Agreements		As of December 1998
Objective	Target Completion	Status
Renegotiate medical school contracts to better align health professional training with community demand for services (target MUA/HPSA areas)	June 30, 1999	New agreements with all three medical schools expected to be completed by June 30, 1999. Agreements include greater accountability of the medical schools, clarify the responsibilities of each party, and include a new Joint Planning and Operations Committee. The Committee will facilitate collaboration and communication between the Department and the medical schools to discuss priorities in medical education, how to achieve the objectives listed below "Medical School Agreements."
Expand family medicine teaching programs (like the model programs at Wilmington Health Center).	June 30, 1999	A new family practice teaching program is being expanded to the Mid-Valley Comprehensive Health Center July 1999.

3. Medical School Agreements		As of December 1998
Objective	Target Completion	Status
Assess and shift hospital-based resources and rotate residents and interns to freestanding sites where applicable.	July 1, 1997 and annually thereafter	See boxes above.
Collaborate with medical schools and other training programs to increase emphasis on training primary care providers while de-emphasizing specialty training.	June 30, 1999 (Ongoing)	See boxes above.

4. Workforce Development and Training		As of December 1998
Objective	Target Completion	Status
Identify funding to support staff training and development to improve competency of staff or to retrain staff, as needed.	December 31, 1997	DHS established that A Labor/Management Restructuring Council implemented a collaborative process to plan for workforce changes, prepare for new demands on service delivery systems, and further develop the labor-management strategic alliance around restructuring. The Department of Labor awarded a \$1.2 million grant to plan and develop a retraining program for employees who may be impacted by re-engineering.
Implement the staff training and development program.	July 1, 1998	(see above)
Monitor and evaluate the		

4. Workforce Development and Training		As of December 1998
Objective	Target Completion Date	Status
progress and impact of employee training on the employee and the delivery of services.	December 31, 1998	This program will be implemented once a staff training and development program is in place.

II. OUTPATIENT CARE EXPANSION:

Increase access to outpatient services by 50% by the year 2000 through a mix of public and private providers responsive to the needs and capabilities in geographic areas.

1. Public/Private Partnerships		As of December 1998
Objective	Target Completion Date	Status
Establish clinics in each SPA that provide primary care to all patients.	July 1, 1998	<p>All SPAs are covered by P/PP sites providing primary care services. Geographic access to primary care was achieved with the increase to 149 sites from 45 sites in FY 1994/95. The third RFP released in February 1997 filled geographic gaps left by the first two RFPs in SPAs 2, 3, 6, 7, and 8 .</p> <p>An additional \$30.5 million was allocated to increase ambulatory care services in FY 1997/98.</p> <p>Recently, an Interim Work Group was established to address ambulatory care expansion: needs in each SPA; capacity for potential expansion. The Interim Work Group, composed of Departmental staff, public/private partners and other community representatives, will assist the Department in determining how to best allocate additional resources if they become available.</p>

Assess the need for additional primary care services by SPA and, if necessary, coordinate the provision of these services through expansion of County DHS sites or additional public/private partnerships.	July 1, 1997 and annually thereafter	<p>Following the establishment of the P/PP Program, FY 1997/98 was the first year that additional funds were available for ambulatory care services (\$30.5 million). Approximately \$4.5 million was allocated to the P/PP Program, and \$25.0 million for DHS facilities.</p> <p>Mobile clinics were added to three clusters.</p> <p>Two DHS-operated sites were added: Palmdale in the Antelope Valley; Sepulveda in the San Fernando Valley.</p> <p>A community-based planning process was initiated in FY 1998/99 to determine the allocation of \$8.0 million in DSH administrative settlement fees between P/PP and DHS facilities, and determine programmatic priorities relative to primary care, specialty care, dental or other services.</p>
Provide County DHS ancillary services to public/private partnership providers.	June 30, 1998	Requests for specialized ancillary and diagnostic services (non-routine lab and radiologic services such as CTs, ultrasound, echo-cardiograms, mammograms) are coordinated by referral centers.
Develop standardized eligibility criteria for all medically indigent persons.	June 30, 1998	The implementation of COI at DHS facilities has not yet been initiated pending resolution of revenue impacts, and anticipated budget deficit in FY 1999/00.
A. Public/Private Partnerships As of December 1998		
Objective	Target Completion Date	Status
Establish diagnostic centers in each SPA to ensure access to ancillary services (i.e., radiology, stat lab, and pharmacy) for all County DHS and public/private partnership providers.	June 30, 1998	<p>Although not officially designated as Diagnostic Centers, CHC's function as such.</p> <p>The need and location for such services are part of the discussions of the ongoing community-based planning process.</p>
Develop appropriate contracts and billing rates for ancillary services provided to public/private partnership providers.	December 1, 1997	This objective as established when P/PPs were reimbursed on a fee-for-service basis, and is no longer necessary with the implementation of an "all-inclusive" reimbursement structure (i.e., associated lab, pharmacy, and x-rays are included in the all-inclusive rate).
Assess options to expand access to outpatient specialty services and develop a plan to expand these	December 1, 1997	The reallocation of appropriate specialty services from hospital outpatient departments to comprehensive health centers and selected health centers continue.

services if feasible		Developing contracts with selected P/PP providers for dental and selected specialty services, in areas with limited county resources, to be effective June 1, 1999.
Establish after-hour and walk-in clinics and implement flexible staffing in each SPA.	June 30, 1998	A review of schedules submitted by all providers indicated that 51% of all ambulatory care service sites have extended weekday hours, and 43% have weekend hours (extended weekday hours are defined as after 5:00 p.m., but before 8:00 p.m., Monday through Friday; weekend hours are defined as operations during a Saturday or Sunday, whether morning, afternoon, or evening).
Establish after-hour and walk-in clinics and implement flexible staffing in each SPA. (Continued)	June 30, 1998	<p>Northeast Cluster: Saturday walk-in clinic implemented at the El Monte CHC. After hours adult clinic implemented at the Roybal CHC.</p> <p>Harbor/UCLA: Establishment of an OB/GYN Urgent Care Clinic.</p> <p>Antelope Valley Cluster: 1) the initiation of weekend hours at the PPCC, 2) the addition of weekend hours at the AVHC, 3) the establishment of new primary care clinics in Lake Los Angeles and Littlerock that will include after-hours services and accept walk-ins and 4) the establishment of a new primary care clinic in central Lancaster that will include after-hours and walk-in clinic services. Implementation of these plans will require the allocation of additional funding.</p> <p>ValleyCare: will implement the following services:</p> <p>Mid-Valley CHC 17 sessions of Family Practice Nurse Practitioner Walk In (Same Day) Clinic Monday-Friday 8 AM - 8PM and Saturday 8 AM - 5 PM. 2 additional evening sessions per week of adult and pediatrics</p> <p>Glendale HC 4 evening sessions per week of Adult and Pediatric services.</p> <p>North Hollywood HC 9 sessions per week of Adult Nurse Practitioner Walk in (Same Day). Start adult and Pediatric services on Saturday from 8 AM - 5 PM.</p> <p>San Fernando HC 9 sessions of Family Practice Nurse Practitioner Walk in (Same Day) Clinic 2 evening sessions per week of adult and pediatrics</p> <p>Northeast Cluster: Approved extended hours/after-hour services at CHCs and HCs will continue to be implemented.</p> <p>Southwest Cluster: Ambulatory Care Expansion funds are to be used in expanding the urgent care clinic from 16 hours to 24 hours. Ambulatory Care Expansion funds were earmarked to expand Urgent Care at Hubert H. Humphrey ("HHH") CHC while hospital funds were targeted to add a sixth day to the Urgent Care schedule at MLK/Drew. After-hours walk-in services are slated for the southwest cluster ("SWC") health center in 1999.</p> <p>Coastal Cluster: There are plans to open a Saturday clinic at the Wilmington HC and Long Beach CHC. In addition, clinic hours will be extended at the Long Beach CHC.</p>
Implement programs to provide case management services to County DHS patients with the following conditions to reduce	June 30, 1998	Disease management protocols for four chronic diseases were developed: pediatric asthma, diabetes, congestive heart failure, and AIDS. Implementation for pediatric asthma and adult diabetes is scheduled for FY 1998/99 at selected facilities.

inappropriate hospital use: asthma, diabetes, congestive heart failure, cellulitis, hypertension, kidney infection, and pneumonia.		Full implementation of Clinical Resource Management will be at a deliberate pace due to impact on revenue. Implementation of case management protocols for the named ambulatory care sensitive conditions by the P/PP is required as of March 1, 1999.
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2. Specialty Care Reconfiguration		As of December 1998
Objective	Target Completion Date	Status
Assess specialty care capacity, use of specialty care services, and referral pathways to and from primary care providers.	July 1, 1997 and annually thereafter	<p>A preliminary assessment of DHS specialty capacity in FY 1997/98 indicated that ophthalmology and dental services are in short supply.</p> <p>Pending additional assessments on specialty care capacity, referral center data will be used to determine the most commonly requested (needed) specialty services. In addition, appointment waiting times for specialty clinics will also be used as a gauge.</p> <p>The increase in primary care access has resulted in an increase in referrals for specialty services, increasing demand on a specialty system reduced as part of the fiscal crisis in FY 1995/96.</p>
Expand access to outpatient specialty care in Comprehensive Health Centers including providing outpatient surgery, as appropriate.	Throughout project	<p>Various hospital based specialty care clinics have been relocated to comprehensive health centers. Relocated specialties include ophthalmology, dermatology, cardiology, neurology, diabetes, high-risk OB.</p> <p>Additional services for relocation continue to be reviewed, e.g., physical therapy and optometry from Harbor/UCLA Medical Center to Long Beach Comprehensive Center.</p> <p>Expansion of outpatient surgery services to Hudson and El Monte CHCs are being planned.</p>

2. Specialty Care Reconfiguration		As of December 1998
Objective	Target Completion Date	Status
Implement protocols to return patients to primary care providers after specialty care referrals.	June 30, 1998	<p>Each hospital is at various stages in developing protocols in connecting/returning patients to the primary care physician. Systems issues to be resolved include (1) ensuring that the specialty care provider is aware that the patient has a primary care provider; (2) sufficient primary care capacity exists to accept patients “returned” from specialty care providers.</p> <p>An immediate need is timely communication of consultation information back to the referring provider. The time required varies according to the hospital and specialty service involved.</p>
Explore options that will increase availability of on-call/on-line specialists to primary care physicians for consultations.	June 30, 1998	Although a formal on-call/on-line specialist program has not yet been established, some County specialists have been available informally as part of the referral process. The Department will continue to work on increasing County physician-to-partner physician communication.

3. Outpatient Care Evaluation			As of December 1998
Objective	Target Completion Date	Status	
Participate in the development of the outpatient component of the L.A. Model and use the model to project need for specialty outpatient services both in terms of quantity and geographic location.	December 1, 1997	Completed in Fall 1997.	
Monitor quality and effectiveness of health care system transformation including public/private partnerships and outpatient care.	July 1, 1997 and annually thereafter	Developed integrated monitoring plan for P/PP and General Relief (GR) providers. Common monitoring instrument developed; all P/PP and GR sites have been reviewed. Developed case management protocols to begin review process in March 1999.	
Conduct Patient Survey to determine satisfaction with services, waiting time, etc.	December 1, 1997	UCLA has been contracted with to conduct a comprehensive patient assessment survey of patients served by DHS, P/PP, and GR sites. The survey will assess access, perceived barriers, and patient satisfaction. A preliminary report should be available in June 1999.	
Conduct Population-Based Survey to determine access	December 1, 1997 and	8,000 individuals were contacted in the first comprehensive telephone survey of individuals in L.A. County (L.A. Health Survey of 1997). Data continue to be analyzed	

3. Outpatient Care Evaluation			As of December 1998
Objective	Target Completion Date	Status	
to care, usual source of care, health care coverage, perceived health status and other behavioral risk factors.	annually thereafter	<p>and used for planning purposes. A periodic publication, L.A. Health, has been disseminated, featuring various topics of interest, such as children, and insurance status.</p> <p>A second survey, scheduled for the Spring of 1999, will also include a component on adolescent health.</p>	

III.MANAGED CARE

Aligned the Medicaid Demonstration Project with Major Medi-Cal Managed Care Initiatives by the Year 2000.

Objective	Target Completion Date	Status - As of December 1998
Increase number of Medi-Cal capitated lives to 165,000 lives under CHP to strengthen and protect the County's safety net.	June 30, 1998	<p>Enrollment at the beginning of FY 1996/97 numbered slightly above 20,000. With the implementation of the Two-Plan Model and default assignment, enrollment increased to above 100,000 briefly during FY 1998/99. Membership retention will be crucial in maintaining the membership base, in addition to expanding provider network.</p> <p>Two material modifications have been submitted to the Department to expand marketing in various zip codes previously prohibited for the CHP. State approval for one of the two material modification requests was issued in November 1998. Approval for the second request is pending.</p>
Enter into contracts with HMOs for the provision of managed care services, as appropriate.	December 31, 1997	The Department has contracts with the following prepaid health plans: Universal, Molina, Foundation, and Kaiser. It is also the designated "Community Provider" for the Healthy Families Program for L.A. County.
Develop innovative and strategic "at risk" models for physicians.	June 30, 1998	<p>OMC: Devoted its contracting efforts to expanding its contract network by using traditional capitation models.</p> <p>While the OMC does not currently plan to develop these models during FY 1998/99, development of these contract models may be appropriate.</p>
Renegotiate medical school affiliation agreements to include formal at-risk relationships and partnerships.	June 30, 1998	<p>Negotiations with medical schools focused on core issues (e.g., performance measures, quantity and quality of services purchased) rather than at-risk relationships.</p> <p>Negotiations with medical schools will continue. It is anticipated that negotiations may be finalized during this year (1999).</p>

IV. SERVICES AND SYSTEM INTEGRATION:

Create a seamless system that promotes cost-effective, continuous care by year 2000.

1. Public Health			As of December 1998
Objective	Target Completion Date	Status	
Continue to provide categorical public health services in high morbidity and geographically accessible areas throughout the County.	Throughout project	Categorical clinics continue to be provided in 11 designated "Public Health Centers" (i.e., Central, Glendale, Hollywood, Monrovia, Pacoima, Pomona, South, Torrance, Curtis Tucker, Whittier, Anetlope Valley). In addition, public health services have been co-located at additional sites, P/PP and Health Center sites.	
Conduct a zero-based review of all County DHS' public health activities. (Continue restructuring of PHP&S.)	June 30, 1997	Zero-based review ("Review of Public Health Programs and Services, Los Angeles County Department of Health Services") completed in July 1997.	
Assess any gaps in the current configuration of Public Health Centers (both capacity and geographic location) and develop and implement plans to address those gaps.	Throughout project	Public Health: Data collection (vital statistics, morbidity and mortality, and communicable disease reporting) has been centralized under the Office of Health Assessment and Epidemiology.	
Develop, implement, and monitor referral mechanisms between the private sector and the public sector for public health services.	December 31, 1997	MOU with L.A. Care and Healthnet (formerly Foundation Health Plans) has been developed to define the responsibilities of these managed care organizations in providing public health services to their members. DHS is clarifying standards of care and referral mechanisms between P/PP partner sites and DHS for the provision of STD and TB care.	
Create a centralized health assessment unit to enhance reporting of epidemiologic data for planning of needed services.	June 30, 1998	Established the Health Assessment Unit in the Office of Health Assessment and Epidemiology. Unit Chief hired (Summer 1998) and staffed Unit with three professional epidemiologists/analysts. Unit's primary objectives are to improve the availability and accessibility of health information. Primarily overseeing the analysis and dissemination of current LA Survey I, and developing the LA Health Survey II. Unit Chief is also working with the Community	

1. Public Health		As of December 1998
Objective	Target Completion Date	Status
		Health Report Card project to develop and disseminate SPA-level status reports.
Conduct an assessment of existing surveillance systems and develop and implement a plan to strengthen and expand these systems.	December 31, 1997	As of July 1, 1998, the Epidemiology Unit was officially established. Functions include reviewing surveillance reports, and when appropriate, assist the various programs in improving such reports.
Integrate the delivery of clinical public health services with primary care clinical services.	June 30, 1998	<p>In 1995, ten Public Health Centers were established to provide core public health services (TB, STD, Immunization and Communicable Disease/Triage clinics.) Services provided in the Public Health Centers continued in FY 1996/97.</p> <p>Immunization Program: Collaborated with school districts on a number of activities. These included conducting approximately 4,400 kindergarten and preschool fall assessments to review the immunization coverage status of children entering school, providing schools with surveillance information to alert them of the need to report all rash illnesses and vaccine preventable diseases, conducting outbreak investigation activities as needed, and distributing vaccine to all school districts that provided immunizations. In addition, in FY 1996/97, the Immunization Program had a contract with the Los Angeles County Office of Education (LACOE) to vaccinate preschool aged siblings of school children in ten school districts throughout Los Angeles County.</p> <p>DHS will continue to provide medical and technical consultation, in service training and support to school districts. Surveillance information will be mailed to schools in the Fall and outbreak control activities will continue to be provided. Kindergarten and preschool Fall assessments will continue in FY 1998/99.</p> <p>Education and implementation activities regarding the Hepatitis B seventh grade school entry requirement will expand. Activities include mailing information alerts to schools, providing child and parent education materials to schools, and training school staff. Additional vaccines have been stocked and special arrangements have been made with schools to facilitate distribution and to allow for greater ease with administration of vaccine in school clinics.</p> <p>ValleyCare: Health centers provide diagnosis and treatment for STDs and chemoprophylaxis for clients with positive PPDs. Walk-in Immunization services are available in all facilities.</p> <p>All CHCs and HCs provide walk-in immunization services. STD and TB diagnosis and treatment also available.</p>
Develop standards, provide training and technical assistance, and implement monitoring and quality assurance activities for clinical public health services provided in both the public and private sector	June 30, 1998	DHS - STD Program: Developed a new protocol for the management of patients infected with human papilloma virus who have external genital warts. This protocol was reviewed by a panel of national experts. This is one of the most common conditions seen in the STD clinic system as well as in private practice. Training sessions for public and private sector physicians and other staff have been held and quality assurance activities are being integrated.

1. Public Health		As of December 1998
Objective	Target Completion Date	Status
both the public and private sector.		<p>DHS offered to extend credentialing program to private providers. PHP&S credentials DHS/PHP&S TB and STD physicians, as well as providing for their initial proctoring. Recredentialing is completed every two years and requires physicians to pass a written exam. Physicians are required to attend 50 percent of the Continuing Medical Education sessions conducted in the TB and STD programs.</p> <p>DHS participated in the development of Regional (DHHS Region IX) guidelines for Chlamydia Prevention and Control. The final document - covering screening, testing, treatment, follow-up and education was distributed to private and public sector organizations providing services for sexually active adults and adolescents. Both areas are summarized in articles in the Public Health Letter distributed to over 22,000 physicians practicing in Los Angeles County.</p>
Co-locate public health services with public/private partnerships and/or County DHS-operated primary care clinics.	June 30, 1998	<p>DHS provides public health services with public/private partnerships and primary care clinics in the following facilities:</p> <ul style="list-style-type: none"> - Alhambra Health Center (Chinatown Service Center/ Personal Health Services (PHS)) - Burke Health Center (Venice Family Clinic) - Ruth Temple Health Center (T.H.E. Clinic) - Glendale Health Center (with PHS) - Pacoima Health Center - Personal Health (Olive View provides primary care.) - Bellflower Health Center (PHS)
Develop and implement community and patient programs with appropriate County departments and community-based agencies to inform and educate the public on primary care issues, health promotion and disease prevention issues, and service availability.	June 30, 1998	<p>DHS developed the Ambassador Program at Olive-View/UCLA Medical Center to be responsive to the needs of the community in identifying what health education programs would be of benefit and in notifying the community, in a personalized way, that ValleyCare continued to be a viable healthcare delivery system with a strong investment in meeting the needs of the community. Their mission was defined "to provide information about access to quality health care services and resources available to residents of the San Fernando and Santa Clarita Valleys."</p> <p>The Ambassador Program has greatly enhanced community awareness of the healthcare options available to them. The program serves to link OV/UCLA network of community-based clinics and the Olive View/UCLA MC with the community and provide residents with a wide range of information regarding clinical access, services, and health management.</p> <p>Utilizing the mobile clinic in this capacity, enables OV/UCLA to expand involvement with community agencies in a</p>

1. Public Health		As of December 1998
Objective	Target Completion Date	Status
		<p>highly effective, creative way, through a focus on preventive healthcare and coordinated linkage of individuals with a continuity provider at a community-based OV/UCLA health center.</p> <p>OV/UCLA health center's Management Coordination Group and the Assistant Medical Director of Quality Management adopted the Child Health and Disability Prevention (CHDP) screening guidelines for children and instituted a specialized health assessment tool for adults to individualize preventive health plans for patients seen at the outreach sites. A software program was developed and the mobile clinic was equipped with computer and printer for data input on the spot.</p>
Expand injury and violence prevention programs including epidemiology and surveillance, planning and policy development, and intervention and prevention.	June 30, 1998	<p>DHS developed a strategic plan for violence prevention with in-kind support from the Executive Service Corps.</p> <p>Plans include increasing training for public health staff on diagnosis, treatment, referral and reporting of domestic violence and teen relationship violence prevention. In addition, DHS is planning greater exposure and use a curriculum in the workplace.</p>
Provide follow-up for childhood immunization compliance until age two for all County DHS newborns.	July 1, 1997 and ongoing	<p>DHS initiated a new mother immunization outreach program designed to educate parents on the importance of immunizations in the first two years of life. New mothers are approached at participating hospitals soon after delivery and are provided with information and incentive items to enroll in the program. Hospitals use paid and/or volunteer staff to coordinate and staff the Baby Track Program. The hospital Baby Track staff contact the parent by phone when the child is 3, 5, and 7 months old. If the staff are unable to contact the parent by phone, a reminder postcard is mailed to the parent.</p>
Refine disaster response capabilities to include expanded public health activities, and develop ongoing relationships with community public health and social service resources.	June 30, 1998	<p>Yearly participation in DHS annual disaster exercise conducted by DHS Emergency Medical Services (EMS) Agency; bimonthly PHP&S managers, staff participation in emergency radio exercise ("CWIRS," County Wide Integrated Radio System); bimonthly participation of PHP&S Chief of Operations in DHS radio exercise; regular maintenance of hand-held radios for all PHP&S staff by Internal Services Division; regular training of new PHP&S staff in CWIRS use and "SEMS," Standardized Emergency Management System, by PHP&S Disaster Response Coordinator; completion, distribution (in 1995) of PHP&S disaster plan manual; monthly meetings of PHP&S Disaster Planning Committee; Disaster Response Coordinator participates in monthly DHS Facility Coordinators meetings; PHP&S staff trained in County Building Emergency Coordinator curriculum; selected PHP&S staff trained by State EMS Authority in response to nuclear, biological, chemical warfare; Community Based Outreach & Assessment Teams, (CBOAT) grant enabled greatly enhanced internal and external disaster communications; implementation of DART (Disaster Assessment and Response Teams), cooperative disaster response by PHP&S and other County agencies.</p>

B. Mental Health			As of December 1998
Objective	Target Completion Date	Status	
Develop and implement a plan for integration of treatments for cooccurring health/mental health problems.	June 30, 1998	<p>In collaboration with the Department of Mental Health (DMH), the Alcohol and Drug Program Administration (ADPA) implemented the following programs and services:</p> <ul style="list-style-type: none"> a. The ADPA-DMH Collaboration Steering Committee was established to guide the collaborative efforts between ADPA and DMH. The committee was comprised of representatives of senior management for DMH, ADPA, the Commission on Alcoholism, the Mental Health Commission, the Narcotics and Dangerous Drugs Commission, and provider organizations. b. The Los Angeles Substance Abusing Mentally Ill Project (LASAMI) paired ADPA contract alcohol and drug treatment conditions with DMH clinics and contract programs to improve treatment services for persons with cooccurring mental illness and substance abuse conditions. In 1997, the program was awarded a Productivity Achievement Award by the Los Angeles Productivity and Efficiency Commission. c. LASAMI Peer Advocate Training Project trained and assisted in placing 16 recovering dually diagnosed persons into entry level positions in mental health and substance abuse treatment programs. <p>The Sidekicks Project was initiated to improve the diagnosis and placement into appropriate treatment services of persons with cooccurring mental illness and substance abuse conditions. Through a competitive requests for proposals process, four regional teams were established through contracts with community-based programs to develop and facilitate linkages between LASAMI programs and Drug Courts and DHS/medical center emergency departments.</p>	

C. Other Services			As of December 1998
Objective	Target Completion Date	Status	
Develop formal linkages and referral pathways with other government agencies providing services for County DHS patients.	July 1, 1998	<p>The Department has engaged in numerous collaborative projects aimed at creating an integrated health care delivery system. Following are some of the more notable projects the County was involved in during FY 1997/98:</p> <p>CCS Managed Care Pilot Project: The State Department of Health Services selected the Department's and L.A. Care Health Plan's joint proposal, in response to the California Children Services' ("CCS") Medi-Cal Managed Care Pilot Project - Request for Applications. The approved project, ("CCS Care"), is designed to study the effectiveness of administering health care services to children with dual Medi-Cal and CCS health care coverage under a comprehensive managed care delivery system model. Implementation is currently targeted for implementation in June 1999, to up to 6,000 CCS/Medi-Cal-eligible children in Los Angeles County. For both CCS Care and the fee-for-</p>	

C. Other Services		As of December 1998
Objective	Target Completion Date	Status
		<p>service CCS program, the Department is developing standards and program validation outcomes measures, and creating the requisite infrastructure for oversight and monitoring.</p> <p>The Interagency Operation Group (“IOG”): The IOG was created to provide a forum for County department managers, the Los Angeles Unified School District, and the Los Angeles County Office of Education to share information and promote interagency and community collaboration, program development, and shared work processes. To date, the IOG has facilitated the “Joint Meeting: Department/Agency Service Planning Area (SPA) Representatives and SPA Council Conveners” to educate participants about key initiatives and collaborative projects underway in County departments; and a management symposium, “The Future of Health and Human Services in Los Angeles County: Tools for Transforming Health and Human Services Through Collaboration and Service Integration” to promote a collaborative and integrated service delivery system for children.</p> <p>The Family Intervention and Support Program (“FISP”): FISP is a pilot project designed to utilize Public Health Nurses (PHNs) to provide home visitation services to high-risk families, establish linkages with community programs to provide lay (nonprofessional) services to lower-risk families, and to work within communities to facilitate the development of Family Resource Centers. The project is scheduled for initial implementation in two Los Angeles County SPAs in July 1999, utilizing Maternal and Child Health grant funding. The Department is working collaboratively with the Department of Public Social Services (DPSS and anticipates accessing CalWORKs funds to implement FISP in all eight SPAs.</p>
Develop formal linkages and referral pathways with other government agencies providing services for County DHS patients. (Continued).	July 1, 1998	<p>Children’s Health Outreach Initiative: The Department has been working collaboratively with the DPSS via the Child Medi-Cal Enrollment Project (CMEP) to reduce the overall number of uninsured children in Los Angeles County, where, as of Spring 1997, approximately 696,000 children were uninsured. CMEP is promoting eight publicly-funded and privately-supported health coverage programs for low-income families, including Medi-Cal, Healthy Families and the Child Health and Disability Program (CHDP). To date the enrollment in Medi-Cal is approximately 900,000 and in Healthy Families, approximately 22,000.</p> <p>The Child Health Including Life Development Initiative (“CHILD Initiative”): The CHILD Initiative is in the formative stages. It is an urban health project designed to expand health care coverage to more children and increase benefits to include social and developmental interventions to improve children’s health and development. The project has been redirected, in part, due to implementation of the Healthy Student Partnership (HSP), designed to provide access to primary/preventive health care services to children in the schools. The State prefers to focus its resources on the full development of HSP before further developing the CHILD Initiative. However, efforts are still underway to access Proposition 10 funds to fully realize the CHILD’s intent, including expansion of benefits to meet children’s social/developmental needs.</p>

C. Other Services		As of December 1998
Objective	Target Completion Date	Status
		<p>Parenting Education Project (PEP): The Department implemented PEP to assess the need to expand parenting programs in DHS facilities and/or through community-based organizations, to evaluate barriers to accessing parenting classes, to assess best practices for parenting education, and to establish Departmental policy related to parenting classes to improve the health and development of children. DHS implemented a public-private Parenting Advisory Committee, comprised of pediatricians and other child guidance experts. The Committee designed focus groups to initially assess community views of parenting education needs and barriers to participation.</p> <p>Childhood Lead Poisoning Prevention Program (CLPPP): CLPPP designated census tracts which ranked in the top 25% for three priority risk factors (concentrations of homes built before 1960, the number of children under age 6 years, and family incomes at or below the federal poverty level) as “Lead Hot Zones” in Los Angeles County. We are in the process of contracting with six community-based agencies qualified to provide culturally and linguistically appropriate targeted blood lead outreach, education, and screening promotion services in the designated “Hot Zones.”</p> <p>MacLaren Children’s Center (MCC) - Central Administrative Unit (CAU): The Department worked collaboratively to establish an MOU with the departments of Children and Family Services, Mental Health, and Probation, and the Los Angeles County Office of Education to form the Interagency Children’s Consortium to coordinate the activities of the five member agencies to ensure effective and efficient service delivery to children at MCC, and to create an integrated service delivery system for high-risk children served by the child welfare system. The Consortium implemented the MCC - CAU to ensure the cooperative effectuation of their system improvements.</p>
Expand cultural and linguistic appropriateness programs in each SPA.	June 30, 1998	The Department is engaging in implementing a system-wide “diversity training program” aimed at achieving a culturally diverse workforce and a system focused in providing culturally sensitive and culturally competent patient/consumer services.
Provide patient transportation services to increase access to hospital-based and community-based health and social services, as needed.	June 30, 1999	<p>Harbor/UCLA: The Clinical Social Work Department continued to provide transportation services using the following methods: Community resources such as Access Services, Dial-A-Ride; Hospital Cash Aid Fund for bus fare; County Ambulance Services for non-ambulatory patients; Taxi vouchers for patients who are unable to ride a bus and not eligible for County ambulance transportation; Third Party Payer resources (i.e., Medicare or private insurance to private ambulance transportation).</p> <p>HDH: Provided limited patient transportation services, primarily to Community Health Plan patients.</p> <p>Limited patient transportation services are available at the H. Claude Hudson (i.e., patient van) and the Edward R. Roybal (i.e., taxi voucher system) CHCs to access services at the Medical Center.</p> <p>MLK/Drew and the Southwest (SWA) clinics: Provide patients with vouchers and bus tokens to assist in arriving and returning home from clinic. Additionally, County transportation is routinely used to transport patients who have physical difficulties in ambulating. Maintained the use of the public transportation system, however, mobile clinic</p>

C. Other Services		As of December 1998
Objective	Target Completion Date	Status
		<p>vans were acquired to establish a screening clinic schedule to meet the needs of the shut-in and extend outreach to patients. Two vans were acquired serving seniors, schools and health fair sites.</p> <p>Northeast Cluster: Clinical Social Work Services relocated staff to the community-based health system (Comprehensive Health Centers) to improve patient access to social services. Hospital based Social Work Services were restructured to manage the patient social services requirements. Expansion plans were submitted and approved to expand transportation services at the H. Claude Hudson CHC and initiate services at the Edward R. Roybal and El Monte CHCs.</p> <p>Coastal Cluster: The Long Beach Comprehensive Health Center, health centers and Public Private Partnerships providers are providing bus tokens and taxi vouchers to patients who do not have any resources for transportation.</p> <p>CHP/OMC: Has in place a limited scope non-emergency patient transportation system to get patients to and from County facilities and from one County site to another. The need for these services is determined by case managers who evaluate the medical necessity of the patients involved.</p> <p>OV/UCLA: Plans to purchase MTA tokens for SmartShuttle to be issued to patients who need to travel to Olive View/UCLA Medical Center for specialty clinic and diagnostic procedure appointments.</p>
Place para-professional drug and alcohol treatment counselors in primary care settings.	June 30, 1998	<p>Five Community Resource Centers in the City of Los Angeles contracted by ADPA provided clinical substance abuse assessments and linkages with primary health care services for persons with alcohol and drug problems.</p> <p>Three ADPA-contracted alcohol and drug treatment programs became primary health care service providers in the Public/Private Partnership (P/PP) Program.</p> <p>In collaboration with DPSS, General Relief Substance Abuse Assessment Centers were co-located at three P/PP sites.</p> <p>DMH and ADPA are collaboratively working to implement the first phase in establishing capacity for the LAC+USC Medical Center psychiatric unit to provide diagnostic, stabilization, and treatment services for patients with cooccurring mental illness and substance abuse conditions. The first phase adds a substance abuse counselor and resident physician to the psychiatric unit to conduct clinical diagnoses and stabilization services. These services will be coordinated with a community-based case management and day treatment program for dually diagnosed patients and with other treatment programs.</p>
Improve the assessment and referral of patients for drug and alcohol problems in the primary care settings.	June 30, 1998	<p>In collaboration with DMH and DPSS, a request for proposals for Community Assessment and Service Centers will be released in the Spring of 1999 to establish centers in each Service Planning Area to provide substance abuse and mental health clinical assessments for CalWORKs and General Relief program participants. Substance abuse assessments will also be available for the general population. On-site physical examinations will be conducted to screen for infectious diseases. The assessment centers will be required to establish and maintain linkages for referring</p>

C. Other Services		As of December 1998
Objective	Target Completion Date	Status
		program participants to primary health care, HIV/AIDS services, and other DHS programs and services.
Improve access to primary care for clients enrolled in drug and alcohol treatment services.	June 30, 1998	(see above)
Develop collaborations with school districts for appropriate services.	June 30, 1998	<p>Northeast Cluster: All CHCs have established collaborative linkages with their respective school districts. The Roybal and Hudson CHCs have also aligned themselves closely with their respective Los Angeles Unified School District (LAUSD) High School Coordinating Council. Efforts focused on improving school linked services, participate in State funded Healthy Start Collaboratives and the feasibility of establishing school-based services as appropriate.</p> <p>DHS has developed a proposal to expand School-Based/school-linked services in partnership with the Los Angeles Unified School District and other County school districts.</p>

4. Information Systems		As of December 1998
Objective	Target Completion Date	Status
Implement an enterprise index that issues unique patient numbers.	September 5, 2001	In FY 97/98 the Department developed functional requirements and a Statement of Work (SOW) for the request for Proposal (RFP), and a vendor is expected to be selected in FY 99/00.
Adopt and develop transmission standards, and data standards and definitions.	June 30, 2000	Data transmission standards are being introduced with the implementation of the Department's wide area network, but workload has not allowed the formal documentation of data transmission standards. Data and transmission standards, once formalized, will continue to be updated as new applications are required. DHSTI communication protocol established (IPX and TCP/IP). Standardization of procedure codes is in progress.
Develop a corporate Data Warehouse and local data	August 29, 2001	Developed the preliminary DHS Data Repository (DR) architecture that includes most data requirements to meet in-house managed care data requests and Medicaid Demonstration Project reporting needs in FY 1998/99.

warehouses.		RFP developed to acquire consultant services to create and enterprise data warehouse architecture to insure consistency across DHS.
Expand hospital information systems into remaining hospitals, comprehensive health centers and health centers.	TBD	In FY 1997/98, 100% completion on the expanded use of the hospital information system (HIS) (Admission/Discharge/Registration/Transfer and Patient Scheduling) to the CHCs and HCs. Complete Patient Accounting pilot at Harbor/UCLA Medical Center (MC), and complete contract negotiations for HIS upgrades at the various facilities and for the Order Entry/Results Reporting module for LAC+USC MC. DHS intends to continue expansion of the other HIS modules to the CHCs and HCs.
Implement ancillary information systems. (Laboratory)	September 30, 2002	In FY 1998/99, DHS is assessing the viability of an interim step to link all 6 DHS hospital labs and develop functional requirements for a standard lab system.
Implement ancillary information systems. (Radiology)	October 30, 2002	In FY 1998/99, DHS will hire consultant to develop functional requirements and RFP.
Implement ancillary information systems. (Pharmacy)	February 13, 2001	In FY 1998/99, DHS will hire a consultant to develop functional requirements and RFP.
D. Information Systems		As of December 1998
Objective	Target Completion Date	Status
Implement efforts to reform and improve collection of encounter data (e.g., bar code encounter forms, itemized data collection, etc.)	June 30, 2000	In FY 1998/99, DHS hired a consulting firm to assist in implementing a process to collect itemized data for services provided by CHCs and HCs. Process was implemented in one CHC and five HCs. Process is to be implemented in five CHCs and twelve HCs in FY 1998/99. Also, DHS plans to implement in one hospital outpatient department by June 30, 1999. A Department-wide Charge Description Master will be formulated and placed into service and to conduct a pilot to test scanning encounter forms at health center. Scanning development complete. Presentation given. Develop a roll out plan by mid April.
Implement/install enterprise-wide interface engine technology and architecture to exchange data across disparate systems.	Ongoing Services	In FY 1997/98, DHS completed contract negotiations, purchase, and installation of hardware and software.

Acquire common user interface tools, establish standards for enterprise applications, and design user screens/views.	June 30, 2001	On hold, pending Enterprise Index (EI).
Implement short-term solution for a common lookup for registration, eligibility, clinic scheduling, and referrals; validate the need for (and if needed, implement) enterprise-wide functionality for registration, eligibility, clinic scheduling, and referrals.	TBD	On hold, pending Enterprise Index (EI).
Expand the Wide Area Network (WAN), called DHS Telecommunications Infrastructure (DHSTI) to accommodate traffic between DHS and P/PPs.	October 17, 2002	Completed installation of DHSTI. Complete migration of remaining applications is expected in FY 1998/99.
Connect public/private partner providers to DHS via the DHSTI.	October 17, 2002	On hold.
Implement system to collect, track, and access costs and services.	June 30, 2004	DHS is in the process of recruiting consultant to develop functional requirements and perform gap analysis.
D. Information Systems		As of December 1998
Objective	Target Completion Date	Status
Implement modules for managed care administration.	December 31, 2001	DHS plans to implement an information system solution that provides the necessary Information Technology (IT) infrastructure to meet managed care needs in FY 1998/99.
Develop security, privacy, and confidentiality policies and procedures.	TBD	Preliminary work completed on identifying the areas that need to be addressed in these policies. Implementation is on hold.

V. POST-WAIVER PLANNING:

Implement a public/private planning process to shape a strategic vision for the Department.

Objective	Target Completion Date	Status - As of December 1998
Implement Post-Waiver planning process.	June 30, 1998	Completed.
Prepare preliminary Post-Waiver, long-range plan with a sustainable design for the health system for consideration by the community and the Board of Supervisors.	January 31, 1999	Completed.
Completion of a comprehensive, Post-Waiver, long-range plan for HFCA review and approval.	January 1, 2000	Completed.

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